



STATE JUSTICE INSTITUTE

SCHOLARSHIP PAYMENT REQUEST/FINANCIAL REPORT

1. Name (Last, First, MI)	3. Email Address	4. Scholarship Award Number SJI _____-S-
2. Social Security Number	5. Award Period	6. Office Phone
7. Mailing Address	8. Request/Invoice Date	9. Final Request (Yes/No)
	Award Information	
	10. Total Award Amount	\$ -
	10a. Expenses to Date	\$ -
	10b. Total Anticipated Expenses	\$ -
11. Destination (City and State)	10c. Payments Previously Requested	\$ -
	10d. Amount Now Requested	\$ -
	10e. Award Balance Remaining (9-(9c+9d)).	\$ -
Schedule of Expenses		
12a. Tuition (please attach a bill or receipt and a certificate of attendance following the program).		\$ -
12b. Fare/Mileage (please attach a ticket, coupon, or receipt; or if you drove, specify the number of miles).		\$ -
12c. Lodging (please attach a hotel receipt).		\$ -
13. I certify that this information is true and correct to the best of my knowledge and belief, and that payment or credit for these expenses has not been received by me.	12d. Totals	\$ -
	12e. Amount Claimed	
	→	\$ -
_____ Grantee Signature	_____ Date	
SJI Use Only		
_____ Grant Manager Approval	_____ Date	
Adjustments		
_____ Chief Financial Officer Approval		\$ -
_____ Payment Approved Executive Director		\$ -
_____ Date		\$ -
Accounting Information (For SJI Use Only)		
Total Verified		\$
Payment Verified		\$

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